



Farmers' Market Nutrition Program (FMNP)
WIC AND SENIOR FMNP MANUAL 2019

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Section 1 INTRODUCTION

PURPOSE

The Manual contains information about WIC Farmers' Market Nutrition Program (FMNP) and Senior Farmer's Market Nutrition Program (SFMNP) policies, rules, and regulations for markets, farmers, roadside stands, local agencies and program participants.

S/FMNP are seasonal programs that provide benefits to participants June through September of each year. Benefits may be redeemed by participants with authorized growers at authorized farmer's markets or roadside stands from June through October. Growers must deposit checks no later than November 7. Checks are only valid for the season in which they are issued.

TERMS, DEFINITIONS & ACRONYMS

The following is a list of Federal, State and local terms, acronyms and definitions used throughout the manual.

AAA – Area Agency on Aging.

ADA – Americans with Disabilities Act. Title III of the Americans with Disabilities Act requires public accommodations to provide goods and services to people with disabilities on an equal basis with the rest of the general public. The goal is to afford every individual the opportunity to benefit from our country's businesses and services and to afford our businesses and services the opportunity to benefit from the patronage of all Americans. To receive an ADA compliance checklist, contact your Disability and Business Technical Assistance Center. To be automatically connected to your regional center call 1-800-949-4ADA.

CAP Agency – Community Action Program Agency.

CFR – Code of Federal Regulations. Contains the regulations governing all federal programs.

Eligible foods – fresh, unprocessed, locally-grown fruits, vegetables, and edible herbs.

Family – a group of related or nonrelated individuals who are living together as one economic unit, except that residents of a homeless facility or an institution shall not all be considered as members of a single family.

Farmers' Market – a permanent location, often outdoors, where several growers gather to sell produce and goods to the public and is under set management with rules and requirements for farmers who participate.

Farm / roadside stand – a permanent location dedicated to the sale of a grower's produce and goods to the public that is under the ownership of one grower, a partnership of growers, or a not-for-profit cooperative.

FMNP – WIC Farmers' Market Nutrition Program.

FNS – Food and Nutrition Service, a division of the United States Department of Agriculture responsible for the nationwide administration of several federal nutrition programs including S/FMNP.

FY – Fiscal year, a twelve-month period used for accounting and reporting purposes. The fiscal year for S/FMNP is October 1 to September 30.

Grower – a farmer who grows produce for purchase by the general public.

Household – see **family**. Also a single individual living alone.

Ineligible foods – food items that may not be purchased with S/FMNP checks.

ISDH – Indiana State Department of Health, the State agency responsible for overseeing federal funding expenditures of S/FMNP.

LA – Local agency, a nonprofit entity or local government agency which issues S/FMNP checks, and provides nutrition education and/or information on operational aspects of the S/FMNP to S/FMNP participants.

Locally grown – grown within the State of Indiana or an adjacent state's bordering counties.

Market Master – a person who manages, in an official capacity, one or more Farmers' Markets.

Mobile market – a roadside farm stand that moves from location to location throughout the season on a set schedule.

Proxy – an individual authorized to make purchases for a participant.

SFMNP – Senior Farmers' Market Nutrition Program.

S/FMNP – designates application to both WIC and Senior programs.

USDA – United States Department of Agriculture, the cabinet level agency responsible for federal aspects of all federal agriculture and nutrition programs.

WIC – Women, Infants, and Children.

Section 2 PARTICIPANT ELIGIBILITY

WIC FMNP

Eligible categories

- Pregnant
- Breastfeeding
- Postpartum
- Child age 1-5
- Infant over 4 months of age

Currently certified WIC participants who are members of an eligible category are qualified to receive FMNP benefits. Only one set of checks may be issued to one household member at a single encounter.

Foods provided, regardless of method of issuance, are intended for the sole benefit of FMNP recipients and are not intended to be shared with other non-participating household members.

7 CFR 248.6(c)

Residency

Participant must be a member of a household currently receiving WIC services from the local agency that is distributing checks.

Income

Current recipients of WIC services are income eligible.

7 CFR 248.6(a)

SENIOR FMNP

Eligible categories

- 60 years of age or older
- 55 to 59 years of age and
 - Disabled and
 - Currently living in housing occupied primarily by older individuals where congregate nutrition services are provided

Residency

Applicants must reside within the designated service area of the Local Agency that is distributing checks.

Income

Maximum household income not more than 185% of annual poverty income guidelines.

Current recipients of the following federal programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Commodity Supplemental Food Program (CSFP)
- Member of a WIC household

Applicants who do not participate in, and provide proof of, one of the programs listed above are required to provide, at minimum, a signed statement affirming their household size and gross household income does not exceed the maximum income eligibility standard in use by the State agency.

7 CFR 249.6(a)

Section 3 ADMINISTRATION

FEDERAL ADMINISTRATION

Federal regulations define the requirements of the programs. The requirements include administration, eligibility, nondiscrimination, benefit levels, eligible foods, coupon and market management, financial management systems, distribution of funds, appeal procedure, monitoring and reviews, investigations, claims and penalties, procurement, records and reports, and confidentiality. The state is allowed to determine how it implements the program within the regulations.

7 CFR 249 governs Senior FMNP.

7 CFR 248 governs WIC FMNP.

Signed into law on July 2, 1992, Public Law 102-314 authorizes the operation of the WIC Farmers' Market Nutrition Program (FMNP) under the supervision of the United States Department of Agriculture Food and Nutrition Service (USDA-FNS).

In 2007, the SFMNP was transferred to USDA-FNS as a program under Senior Farmers' Market Nutrition Program regulations .

USDA-FNS and the State of Indiana provide funding for food instruments and administration of S/FMNP. Nationally, as of fiscal year 2017, fifty-three (53) states or Indian Nations participated in the WIC and/or Senior Farmers' Market Nutrition Programs.

FMNP Purpose and Scope

- Provide resources in the form of fresh, nutritious, unprepared foods (fruits and vegetables) from farmers' markets to women, infants, and children who are nutritionally at risk and who are participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or are on the waiting list for the WIC Program; and
- To expand the awareness, use of and sales at farmers' markets.

7 CFR 248.1

SFMNP Purpose and Scope

- Provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey, and herbs from farmers' markets, roadside stands, and community supported agriculture (CSAs) programs to low-income seniors;
- Increase the domestic consumption of agricultural commodities by expanding or aiding in the expansion of domestic farmers' markets, roadside stands, and CSAs; and
- Develop or aid in the development of new and additional farmers' markets, roadside stands, and CSAs.

7 CFR 249.1

STATE ADMINISTRATION

The Indiana State Department of Health (ISDH), WIC Division, began administering SFMNP in 2002. ISDH partners with WIC local agencies to serve WIC FMNP participants and with local Area Agencies on Aging (AAAs) and CAP agencies to serve seniors eligible for SFMNP. Because the programs are very similar in purpose and scope, ISDH administers the Farmers' Market Nutrition Programs under a single set of rules in a Consolidated State Plan.

While SFMNP federal regulations allow, Indiana does **not** allow the sale of honey for SFMNP nor use of S/FMNP food instruments at CSAs because they are not allowed under WIC FMNP regulations.

ISDH is responsible to:

- Submit a plan of operation and administration to USDA by November 15 of each year.
- Provide annual training to new Market Masters, growers, and local agency staff.
- Manage and approve market and grower applications.
- Assign identification numbers to authorized growers.
- Provide market reports to markets, listing authorized growers.
- Provide market and stand listings to local agencies and participants.
- Provide technical assistance to Market Masters, growers and local agencies.
- Monitor markets, farm stands, growers, growing locations, and local agencies to ensure program compliance.
- Determine benefit levels.
- Allocate benefits to local agencies based on available funding, local agency prior performance, and service need.
- Execute agreements with market masters, growers, and local agencies.
- Ensure proper payment to authorized growers for properly stamped checks.
- Provide information to Market Masters, growers, and local agency staff to facilitate collaboration.
- Maintain all records pertaining to the programs for three years plus the current federal fiscal year.
- Attend market meetings upon request and as available.
- Provide local agencies with updated income guidelines annually and revised documents as applicable.
- Provide program guidance as needed.

LOCAL ADMINISTRATION

All Local Agencies

Each participating local agency (LA) receives an allocation of checks based on available funding, prior year performance, and prior year redemption. Each local agency determines when, where, and how to distribute checks and provide nutrition education.

All local agencies must follow rules and procedures in the State Plan, Manual, and as directed by ISDH.

Local agencies sign agreements with the state and are responsible to:

- Provide nutrition education to program participants that specifically targets fresh fruits and vegetables and addresses the special nutrition needs of the demographic.
- Provide instruction to program participants on program rules.
- Issue checks in sequential order.
- Complete check registers properly.
- Submit register pages to the banking partner.
- Receive, verify, and allocate checks and check registers.
- Keep checks and registers securely stored at all times.
- Maintain accurate and complete records of all activities related to the program.
- Retain records and reports pertaining to program operation for three (3) years plus the current federal fiscal year.
- Make records available for review by the State or USDA during normal business hours.
- Provide data, reports, and feedback to ISDH within the timeframe specified in the request.
- Maintain the confidentiality of applicants and participants.
- Attend annual S/FMNP training webinars as scheduled.
- Provide ISDH with updated contact, service area, and distribution site information not less than annually prior to the beginning of a season and at any change.
- Display the “And Justice for All” poster prominently in an area that is visible to applicants, at certification and issuance sites.
- Cooperate with ISDH and/or USDA in investigation of complaints.
- Comply with all state and federal regulations as outlined in USDA Civil Rights and Non-discrimination statements and Indiana’s Religious Discrimination law.

SFMNP Local Agency Specific

- Adhere to USDA Income Eligibility Guidelines of 185% of federal poverty levels as revised annually by Health and Human Services.
- Provide certification for SFMNP each program fiscal year at no charge to applicants.
- Notify each applicant, in writing, of eligibility status within fifteen (15) days of application.
7 CFR 249.6(g)
- Allow each applicant to designate a proxy to apply for certification and shop at farmers’ markets and roadside stands if the senior is unable to perform these actions.

Section 4 AUTHORIZATION

In order to make access to fresh fruits and vegetables easier for WIC and Senior participants, Indiana authorizes growers to accept WIC and Senior checks at farm stands. Every grower intending to participate in the FMNP must belong to an authorized Farmers' Market or authorized farm stand. Growers authorized to accept WIC FMNP checks are automatically authorized to accept Senior FMNP checks at authorized markets and farm stands. Checks are processed in the same manner. All procedures, rules, violations, and sanctions apply to both programs.

ISDH FMNP authorizes Farmers' Markets, farm stands, and growers. Both the location and the grower must be authorized in order to be able to accept checks.

7 CFR 248.10(a)(1)

7 CFR 249.10(a)(2)

FARMERS' MARKET

Eligibility Requirements

In order to become an authorized Farmers' Market, a market must have:

- A Market Master or representative who completes the Market Application at least every three years and serves as a contact person for State FMNP staff. A new Market Master must attend a training session with State FMNP staff or an authorized Market Master prior to the start of the season. Training must be documented.
- A minimum of 3 produce growers willing to participate in S/FMNP, complete an application, attend training (unless already an authorized grower), and follow the S/FMNP Manual.
- Defined days and hours of operation at a permanent location.
- Been in existence a minimum of two years.

7 CFR 248.10(a)(4)

7 CFR 249.10(a)(7)

7 CFR 248.10(a)(5)

7 CFR 249.10(a)(8)

Application

Market applications must be received on or before May 31 to be considered for the current season.

All information requested on the application must be provided. Incomplete application are returned without processing.

Market Master

The Market Master completes State form 52586 "Application and Agreement for Farmers' Market Nutrition Program (FMNP) Indiana Farmers' Market" to request authorization for the Farmers' Market to participate in the program. The Application Agreement section outlines the responsibilities of a Market Master to ensure the

Farmers' Market follows federal regulations. This agreement is required by USDA and is necessary before the Farmers' Market may be authorized. Once approved by ISDH, the Agreement is valid for three seasons, unless a new Market Master is named.

The Market Master agrees to:

- Assist local farmers to learn how they may participate in S/FMNP.
- Provide annual training to S/FMNP-authorized growers who participate in the market.
- Provide ISDH with the bylaws of the Farmers' Market upon request.
- Assist the State with communication and documentation of training for growers.
- Ensure that authorized growers comply with program rules at the market.
- Notify ISDH of any changes such as days or hours of operation, opening, closing, location, or Market Master.
- Understand roles and responsibilities.

GROWER

ISDH does not restrict the number of growers that can be authorized for S/FMNP or require that the farmer reside within the same county where the Farmers' Market is located in order to be eligible for authorization.

Authorized growers who consistently redeem less than \$50 per season may not be reauthorized when the current agreement expires.

Eligibility Requirements

In order to become an authorized grower, a farmer must:

- Reside within Indiana or in an adjacent county that borders Indiana.
- Grow a majority (51% over the season) of the produce (fruits, vegetable, and edible herbs) offered for sale. The 51% majority may include produce grown by the farmer, produce grown under the direction of the farmer, and produce grown under a cooperative program. Produce not grown in this manner (no more than 49%) must be purchased directly from another farmer who grows locally. Individuals who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized to participate in S/FMNP. A market's rule allowing brokered items does not affect this requirement.
- Attend a training session provided by a Market Master or State-designated representative designed to answer questions and address S/FMNP compliance (new growers only). Growers who have participated in the past may use the Manual as the required annual training.
- Complete and sign the current version of state form 52585 "Application and Agreement for Farmers to Participate in the WIC Farmers' Market Nutrition Program (FMNP)" and submit to ISDH for approval. The Agreement section outlines responsibilities as a grower selling produce at either an approved Farmers' Market or an approved farm stand. Once approved by ISDH, the Agreement is valid for three seasons.

Growers who submit completed applications, meet the criteria of the program, and receive a copy of the Agreement, signed by an Indiana S/FMNP Representative, will be authorized to accept S/FMNP checks.

- Ensure that at the beginning of each day locally grown fruit and/or vegetable products are displayed and offered for sale in the grower's market stall or farm stand. Locally grown is defined as grown within Indiana or an adjoining state's bordering counties. Non-locally grown fresh fruits and vegetables cannot be displayed or offered for sale unless the S/FMNP eligible produce is clearly marked as locally grown. An authorized farmer may operate other Farmers' Market stalls independent of S/FMNP stalls. Only locally grown fruits, vegetables and edible herbs can be sold for S/FMNP or Senior FMNP checks.
- Post the ISDH-issued approved vendor stall sign at an authorized Farmers' Market and, if applicable, a grower's farm stand to indicate to S/FMNP participants they may spend checks with at the stall.
- Only accept S/FMNP checks at ISDH authorized markets or farm stands. S/FMNP checks may only be used at authorized markets and farm stands, and by authorized farmers. Accepting S/FMNP checks at unauthorized locations or by unauthorized growers is prohibited by law.

7 CFR 248.10(a)(1)

7 CFR 249.10(a)(1)

Upon approval, the grower will receive:

- a copy of the approved agreement,
- a unique identification number stamp to use on checks submitted for payment, and
- an authorized vendor sign.

A grower may not accept checks until the above items are in the grower's possession.

An approved Agreement with the State does not guarantee that a grower may participate in S/FMNP at a Farmers' Market. Participation rests with the grower's compliance to the locally governed Farmers' Market rules. It is essential that contact be made with the Market Master or market sponsor for information on eligibility requirements for the specific local market.

Application

All information requested on the application must be provided. Incomplete application are returned without processing.

Grower applications must be received on or before August 31 to be considered for the current season. Farm/roadside stands requests must be received on or before May 31 to be considered the current season.

To request authorization of a roadside stand, a grower must list it on the application and provide annual updates of first date, last date, and days and hours of operation. Any

change of location must be immediately reported to ISDH. Such updates and notifications may be sent via electronic mail.

Growers must submit three documents to request approval.

- Current version of state form 52585 “Application and Agreement for Farmers to Participate in the WIC Farmers’ Market Nutrition Program (FMNP)”
- Produce List, indicated what produce the grower intends to grow and sell.
- Market Sheet, indicating in which S/FMNP-approved markets the grower intends to participate.

Renewal Applications

Approved applications are valid for three seasons. Renewal packets are delivered via USPS mail or electronic mail in advance of the season following the last valid season. A grower who is renewing an application will not receive a new stamp. If a stamp or sign is lost, damaged, or stolen, the grower may request a new stamp or from ISDH.

7 CFR 248.10

7 CFR 249.10

FARM / ROADSIDE STAND

Authorization of farm or roadside stands is based on need in a particular area where no or few Farmers’ Markets are located. Farm stands can be authorized to provide S/FMNP participants an opportunity to use their S/FMNP checks. Authorized farm stands that consistently do little or no S/FMNP business (less than \$50 a season) are not reauthorized.

Farm or roadside stand authorization is assessed on the following criteria:

- There is no authorized Farmers’ Market within five miles of the farm stand.
- The local WIC or Senior agency requests approval because it provides or enhances a benefit to participants (must be documented). The local agency may make the request by e-mail and should include justification for the request.

S/FMNP authorized farm stands must:

- Be located in Indiana, in participating counties.
- Be at least five (5) miles from the nearest authorized Farmers’ Market (unless an override is granted by ISDH).
- Belong to an authorized grower.
- Be listed on the authorized grower’s application.
- Grow and offer for sale a variety of S/FMNP eligible fruits, vegetables and edible herbs.
- Have a permanent location dedicated to the sale of a grower’s produce and goods or be a mobile market with permanent stops during a season.
- Have defined hours of operation, which must be posted.

- Have a full time attendant during hours of operation as listed on the grower's application. The "honor system" may not be used during the days and times the grower provided to ISDH that the stand will be open to accept S/FMNP checks.

MOBILE MARKET

In order to reduce barriers to local food access, ISDH may choose to approve a mobile farmers' market. ISDH defines a mobile market a roadside stand that sells fresh, locally-grown, unprocessed produce for one or more growers that moves to various static locations, primarily in food deserts, at predetermined and regular intervals.

To be approved, a mobile market must :

- Be operated by an authorized grower or a non-profit (501(c)3) entity engaged by the grower or growers to sell their produce.
- Have specific and regular days, hours and locations of service.
- Gain endorsement by the WIC and/or Senior LA.
- Provide a statement of benefits gained by program participants if the mobile market is approved.
- If more than one grower is represented, provide the method by which produce sold will be tracked by grower and the method by which the grower will receive S/FMNP funds for their produce that is sold.

Mobile market applications are evaluated on a case-by-case basis.

Section 5 MARKET AND GROWER TRAINING

ISDH provides annual training webinars for local agencies and at least three telephone training conferences for new farmers and market masters each year. Attendance at annual training events is mandatory for each group. Training must include all elements within this chapter.

Growers and Market Masters play a vital role in the S/FMNP. All new growers and Market Masters must receive training prior to their first season of authorization to participate in S/FMNP. Growers and Market Masters who wish to become authorized after the sessions have passed must acquire training from a currently S/FMNP-approved Market Master. Training must be documented and submitted to ISDH. See Exhibit A.

7 CFR 248.10(a)(4)

7 CFR 249.10(a)(7)

ACCEPTING CHECKS

S/FMNP checks may be accepted only by an authorized grower or his employee/family member for the purchase of eligible foods. Participants will present S/FMNP checks, and sign them, after selecting the items they wish to purchase. Growers may request ID and compare the signature on the S/FMNP check with the signature on the participant's ID.

AUTHORIZED VENDOR SIGN

Display the "WIC & Senior Farmers' Market Checks Accepted Here" sign each day you sell at a market or farm stand. See Exhibit B.

7 CFR 248.10(a)(5)

7 CFR 249.10(a)(8)

PRICING

Prices shall be marked or posted where clearly visible either on foods, a sign next to or in front of foods, a whiteboard, or chalkboard.

ELIGIBLE FOODS

Only eligible foods may be purchase with S/FMNP checks.

Eligible for sale:

- fresh,
- locally grown,
- not processed or prepared beyond their natural state except for the usual harvesting and cleaning processes,
- fruits, vegetables, edible herbs.

Unusual fruits, vegetables or edible herbs not listed may be sold with the permission of the State. If a grower, Market Master, or local agency office has a question regarding the eligibility of an item, contact ISDH. See Exhibit C for a detailed list of eligible fruits and vegetables.

Not eligible for sale:

- Non-locally grown fresh fruits and or/vegetables.
- Processed fruit or vegetable products such as jams, jellies, syrups, popcorn, juices/ciders, and baked goods of any kind, including fruit pies and breads. (Processing includes anything other than the normal harvesting and cleaning of produce.)
- Dried beans/peas, flowers, honey, eggs, milk, cheese, ornamental corn, miniature pumpkins, gourds, nuts, and plants.

CASH, CHANGE, AND REFUNDS

S/FMNP checks shall not be exchanged for cash. Change, credits, or refunds shall not be given to a customer using only S/FMNP checks. Participants using a combination of checks and cash shall be given change directly related to the amount of cash used. Any purchase for more than the amount of S/FMNP check(s) tendered must be paid by the participant.

Growers may assist S/FMNP participants to maximize the use of S/FMNP checks by offering additional fruits and vegetables if the total purchase is less than the S/FMNP check.

S/FMNP authorized growers are prohibited from cashing S/FMNP checks accepted by a non-authorized farmer or exchanging checks for money.

SALES TAX

There is no sales tax on S/FMNP purchases.

CHECK APPEARANCE

Authorized S/FMNP growers may accept checks from both WIC and Senior FMNP participants. Each program issues its own checks that are valid only for the current season. Checks are of different colors and different denominations. Check colors change annually to assist growers in determining valid checks for the season.

Checks are made payable to “INDIANA FARMERS” MARKET NUTRITION PROGRAM VENDOR”. Program names are displayed in the upper left corner of the check face. Valid dates to use checks are listed on the lower left corner of the check face, participant’s signature area on the bottom center, and a large box for grower’s stamp on the lower right corner.

See Exhibit D for examples of check images.

VALIDATING CHECKS

All checks must be stamped before depositing into a bank. There may be no handwritten numbers.

Place the State-issued vendor (grower) stamp in the lower right corner on the front of the check.

Ensure the impression is made right-side up.

Sign the back of the check in the endorsement area.

If a stamp is lost, stolen, or damaged, request a new one from ISDH.

DEPOSITING CHECKS

S/FMNP checks may be deposited any time after the participant signs the checks, and it is stamped and endorsed by the farmer.

Some banks require a business account to cash any type of program check.

Deposit checks frequently, preferably no less than every two weeks.

Deposit all checks no later than November 7.

Before depositing, treat checks like cash and store them in a secure, locked location. Checks are not replaced if lost or stolen.

Expired checks are not paid or accepted. They are returned with the message “Do not redeposit” printed on them. The bank of first deposit may charge the account holder a returned check fee.

CANCELLING CHECKS

To ensure a check may not be deposited if it needs to be voided, punch holes in the check or rubber-stamp it to make it illegible.

7 CFR 248.10(h)(3)

7 CFR 249.10(h)(3)

PARTICIPANT AND GROWER COMPLAINTS

Anyone (participant, Market Master, grower) who has a complaint regarding any aspect of the FMNP may contact ISDH program staff at 1-800-522-0874.

Market Masters and growers must refer all S/FMNP participants who have complaints about the Farmers’ Market, farm stand, or grower to the local WIC office or ISDH.

7 CFR 248.10(j)

7 CFR 249.10(j)

PROGRAM MONITORING

ISDH monitors a minimum of ten percent (10%) of growers, ten percent (10%) of markets, ten percent (10% of roadside stands), starting the first date of the programs in June and completed by September 30th each fiscal year.

S/FMNP representatives visit local Farmers' Markets and farm stands unannounced to identify any problems or misunderstandings and to determine if additional guidance may be needed by growers, Market Masters, or participants. If noncompliance is discovered, the non-compliant authorized grower is notified in writing by ISDH.

Market and stand reviews are documented on "Authorized Farmers' Market / Farm Stand Monitoring Report". See Exhibit E. Grower reviews are documented on "Vendor Observations" form. See Exhibit F.

Compliance Buys

"Compliance buys", wherein an ISDH representative or volunteers purchases produce or attempts to purchase ineligible items in a covert manner, are used as a means of identifying growers who violate program requirements and to investigate complaints.

If fresh fruits and vegetables are displayed and/or offered for sale in an authorized grower's stall or farm stand and the point-of-origin is in question (whether or not it is locally grown produce), an on-site inspection of the production area may be conducted by FMNP staff. If an inspection is required, the authorized vendor is required to comply with the following:

- When produce is declared to have been grown by an authorized grower, he/she shall provide directions to the growing site, and grant permission for ISDH to conduct an inspection of the site.
- When produce is purchased for resale or on consignment from another local producer, valid records containing the following information shall be presented upon request:
 - name, address, and phone number of the producer,
 - date of purchase or consignment,
 - location of the growing site, and
 - quantity of each item purchased or consigned.

High Risk Growers

ISDH defines a high-risk grower as one who is in the first year of authorization or one who redeems a large number of S/FMNP checks. ISDH is required to monitor all high-risk growers.

7 CFR 248.10(e)

7 CFR 249.10(e)

PROGRAM VIOLATIONS

Failure to adhere to program rules can result in non-payment, warning, suspension or disqualification from participation in S/FMNP. Growers and Market Masters who are identified and documented as having violated the program rules will receive “FMNP S/FMNP Corrective Action Report”. See Exhibit G.

If a violation results in suspension or disqualification, a completed “FMNP/SFMNP Notice of Disqualification, Suspension, or Non-approval” is attached to the Corrective Action Report. See Exhibit H.

There are three levels of violations and associated sanctions.

Class I

- Failure to display the vendor S/FMNP sign appropriately.
- Class I violations result in a warning from ISDH to the grower.

Class II

- Noncompliance with FMNP rules and procedures as outlined in the S/FMNP Manual or Application and Agreement, which are not specifically identified as Class I or III.
 - Abusive treatment of S/FMNP participants, family, or program staff.
 - Accepting S/FMNP checks at a location other than an authorized Farmers’ Market or farm stand.
 - Not identifying non-locally produced fresh fruits or vegetables for sale at a S/FMNP identified stall.
 - Two (2) Class I violations.
- Class II violations result in a citation of non-compliance from ISDH to the grower.

Class III

- Failure to permit or comply with procedures regarding inspection of evidence when local production is in question.
 - Accepting S/FMNP checks for non-locally grown fruits and/or vegetables or other ineligible items.
 - Cashing S/FMNP Checks for a non-authorized vendor.
 - Charging S/FMNP participants more than the posted price for any item, charging for items not received, or participating in other discriminatory practices.
 - Continued participation in S/FMNP during a period of suspension, including acceptance or evidence of intent to accept S/FMNP checks.
 - Failure to treat participants, their families, local agency staff, or S/FMNP representative(s) in a civil manner.
 - Failure to provide truthful information.
 - Two Class II violations.
- Class III violations result in suspension and possible disqualification from the program.

Warning

A warning is a written notice of a first offense observation made during a monitoring visit so that the grower may correct the deficiency. (Example: failure to display the FMNP vendor sign.) See Exhibit G.

Citation

A citation is a written notice of two violations within a class in a three-year authorization period. See Exhibit G.

Suspension

Suspensions are in force for a maximum of 15 days and are used to insure the grower has adequate time to appeal Class III violation notices. If the event leading to a suspension is substantiated, the grower is automatically disqualified at the conclusion of the suspension period. If the event leading to a suspension is not substantiated, the suspension is immediately lifted. During the period of suspension, the cited grower must refrain from participating in S/FMNP anywhere within the State. See Exhibit G and Exhibit H.

Disqualification

Disqualification follows a suspension period if a Class III violation is substantiated. The disqualified grower is required to return his/her vendor ID stamp and stall sign(s) to ISDH within 15 days of receipt of the disqualification notice. See Exhibit G and Exhibit H.

A grower who has been disqualified at any point in the season is disqualified from program participation for the remainder of that season and the following full season. At the conclusion of any disqualification period, the grower may reapply for authorization.

Upon reauthorization, the vendor will serve in a probationary status for one full program season.

Any single substantiated Class II or Class III violation obtained during the probationary period serves as grounds for automatic disqualification.

RIGHT OF APPEAL AND APPEAL PROCEDURE

S/FMNP provides vendors/growers certain rights, which include:

- The right to voluntarily withdraw from the programs at any time, except if it is to avoid disqualification resulting from program violations.
- The right to file a complaint against an S/FMNP participant or another authorized vendor/grower.
- The right to receive advance notice of suspension, termination, or non-approval.
- The right to request a hearing on an adverse action allowable under *CFR 246.18*.
- The right to be represented by counsel.

A written request for appeal must be sent to WIC Director, Indiana State Department of Health, 2 North Meridian St., Section 5E, Indianapolis, IN 46204 within 15 days of receipt of a "Notice of Disqualification, Suspension, or Non-approval". Hearings take place in Indianapolis before an Administrative Law Judge. Hearings are conducted in an informal manner during which the vendor/grower and the ISDH representative are allowed to present their cases. The Administrative Law Judge's decision is based on oral and documentary evidence presented and statutory and regulatory provisions governing the programs.

7 CFR 248.10(k)

7 CFR 249.10(k)

Section 6 LOCAL AGENCY TRAINING

CLIENT APPLICATION

Women, Infants, and Children

No FMNP-specific application process is required of WIC participants.

Senior FMNP

Application

Applicants must complete a new application each fiscal year. See Exhibit I.

Race and ethnicity data must be collected on the SFMNP application. If an applicant chooses not to designate race and/or ethnicity, intake staff must determine and document both race and ethnicity based on a visual impression.

Applicants participating in one of the following programs at the time of application are considered automatically eligible:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Commodity Supplemental Food Program (CSFP)
- Member of a WIC household

Applicants not participating in one of the above-listed programs, or who do not provide proof of participation, must provide, at minimum, a signed statement affirming their household size and gross household income does not exceed the maximum income eligibility standard in use by the State agency.

During the certification process, each applicant or authorized representative must be informed of the illegality of dual participation.

At the time of certification, each SFMNP applicant or authorized representative must read or have read to him or her the **Certification by Participant** section of the application.

Proxies

Applicants may designate, as a part of the application, a proxy to purchase produce on their behalf using SFMNP checks. Each applicant may have one (1) proxy. A single proxy may represent no more than two(2) participants.

Exception: Proxies who are employees or volunteers of a LA that provides assistance and services to seniors may represent as many seniors as is necessary to ensure accommodation for persons who are homebound and to eliminate barriers to

participation in the program. The LA must have in place written policies and procedures governing the proxy process in order to maintain consistency and compliance.

If no proxy is designated, check the box so indicating.

Eligibility Determination

Intake staff review, ensure all items are completed, make a determination of eligibility, document determination on page one of the form and sign the bottom of page two of the form. Incomplete applications must be denied.

Persons found ineligible for the SFMNP must be advised in writing of their ineligibility, the reason for the determination, and of their right to a fair hearing by providing them with a completed copy of "Notification of Ineligibility". See Exhibit J. A copy of the completed form must be retained on file at the LA.

7 CFR 249.6

CHECK MANAGEMENT

Checks and registers must

- remain locked in a safe place during normal LA hours of operation.
- be secured while transporting them to and from the farmers' market.
- Never be left unattended by authorized staff.
- Be placed in a secure area if stored in a fireproof lockbox.
-

Consignment

The quantity of checks printed for a particular season is based on budget constraints. Allocation to Local Agencies (LAs) is based on prior year issuance and performance.

ISDH directs the banking partner on production and shipment of checks to LAs. The bank provides tracking data, number of checks, and number of check register pages (with ranges) at the time a consignment is shipped. ISDH notifies LAs of their consigned quantity prior to shipment. Checks are shipped to participating LAs to arrive immediately prior to the start of the season.

Receiving

The Local Agency will

- Verify shipment information and secure checks and registers pages.
- Notify the State FMNP Coordinator, by e-mail, with the following information:
 - Total number of checks received.
 - Statement that check ranges and register pages have been matched.
 - Receiver's name.
 - Date received.

Site Allocation

Checks are packaged in sets of 20 booklets. Each register page has 20 lines listing corresponding check ranges. There is one register page for each packet of booklets. The correct register page must be allocated to a distribution site along with the corresponding packet.

LAs may allocate check sets to counties and/or distribution sites as they wish. LAs will maintain a record of allocation that includes number and range of check sets and register pages, county, clinic ID or site name, date of allocation, date register was returned, date register was mailed to the banking partner, and printed name of receiving staff or volunteer. ISDH provides a tracking spreadsheet (WIC or Senior as applicable) in Microsoft Excel format each year. See Exhibit K.

Tracker Instructions

The Tracker is provided for documenting and tracking allocation and disposition of checks and register pages. Cells A5 and B5 are highlighted, indicating the area for data entry when editing the form specifically for an agency. Page numbers in column one calculate based on the first page number entry (cell A5). Check ranges calculate based on the first check number entry (cell B5).

After receiving a check allocation and verifying it is correct:

- In cell A5, type the first register page number in your series.
- In cell, B5, type the first check number in the allocated series (*the first check number on the register page number entered in cell A5.*)
- Save the file under a filename NOT the name of the form so that the form is always retained intact for future use.
- Print the form to complete it manually or continue to the next step to complete it electronically.
- As checks are allocated to distribution sites, complete in columns E (County), F (clinic or site), G (Staff Name), and H (Date Out).
- As completed register pages are returned, complete cells in column I (Date Returned).
- As completed register pages are mailed to the banking partner, complete the cells in column J (Date Mailed).

Columns Defined

- A. Page – register page number.
- B. Check Range – first number in the range of checks associated with the page listed in column A.
- C. Hyphen character.
- D. Calculated – last number in the range of checks associated with the page listed in column A.
- E. County – county to which the page is allocated.

- F. Clinic or Site – clinic or distribution site identifier.
- G. Staff Name – the name of the staff receiving the checks and register page listed on this row.
- H. Date Out – the date LA Coordinator is allocating the checks and register page listed on this row to the specific clinic and staff.
- I. Date Returned – the date the completed register page listed on this row is returned to the LA Coordinator.
- J. Date Mailed – the date the completed and reviewed register page is mailed to the banking partner.

Check Issuance

LAs determine when to issue checks after the first date of the program each year. LAs choose the manner in which they distribute checks to eligible applicants. Options are:

- At regular clinic or meal site visits;
- At a "FMNP Day" on a first-come, first-served basis;
- At a Farmers' Market or farm stand;
- At a farm stand located at /near the clinic, senior center or distribution site;
- Any combination of the above.

Checks and register pages must be secured at all times.

Immediately report any discovered discrepancy between actual issuance and check register pages to ISDH.

WIC FMNP Process

1. Issue checks in sequential order to an eligible individual. It is the responsibility of the WIC clinic to determine which individuals meet the criteria for FMNP participation.
 - a. First set issued to a household.
 - i. Only one set of checks may be issued to one household member in a single encounter. LAs may select any eligible household member who has not received FMNP checks this season.
 - b. Additional set/s.
 - i. Additional sets may be issued to other eligible household members if all of the following criteria are met:
 1. The previous set of checks was used.
 2. There is another eligible household member who has not received checks ***pregnant, breastfeeding, postpartum, child 1-5, infant over 4 months old***).
 3. The LA has checks remaining to issue.

4. Issuing staff completes form “WF1 - Verification of Eligibility for Second Set” and submits to the State FMNP Coordinator via email. *(The form is a fillable PDF. Complete the form, save as a new filename, and attach to an email message.)* See Exhibit L.

In no case may an individual receive more than one check set in any given year.

2. Record an alert in the data management system for the selected individual, to avoid dual participation.
3. Ensure all information is recorded on the appropriate register page on the appropriate check range line and that it is legible.
 - a. CHECK NUMBER is pre-printed with the beginning and ending numbers of the range.
 - b. Enter the ISSUE DATE in the format “month / date”.
 - c. Enter the clinic identifier in the CLINIC column.
 - d. Enter the participant’s state WIC **participant ID** number in the ID NUMBER column.
 - e. Circle the letter matching the participant’s eligibility category in the CATEGORY column:
 - i. PG for a pregnant woman
 - ii. BF for a breastfeeding woman
 - iii. PP for a non-breastfeeding postpartum woman
 - iv. C for a child.
 - v. I for an infant more than 4 months old.
 - f. Print the initials of the WIC staff person issuing the checks in the INITIALS column.
 - g. Print the name of the WIC participant to whom checks are issued in the PARTICIPANT NAME column.
 - h. The person receiving the checks (participant or authorized proxy) will **sign** their name in the PARTICIPANT SIGNATURE column.

SFMNP Process

4. Issue checks in sequential order to eligible seniors. It is the responsibility of the Local Agency to determine which seniors meet the criteria for SFMNP participation. Eligibility is based on **household** income. There may be more than one eligible senior per household and each eligible senior may receive a booklet of checks. (To be eligible, a person must be at least 60 years old at the time of application AND household income must be at or below the current income guideline.) Gross (before any deductions) Income for all household members

must be reported. If an applicant reports zero income, ask what utilities and expenses they have and who pays for them. That is considered as income.

5. Ensure all information is recorded on the appropriate register page on the appropriate check range line and that it is legible.
 - a. CHECK NUMBER is pre-printed with the beginning and ending numbers of the range.
 - b. Enter the date issued, in the format “month / date”, in the ISSUED column.
 - c. **All participants must have ID numbers.** Enter the participant’s driver’s license number, state ID card number, or agency-generated unique identification number in the ID NUMBER column.
Enter the county name or county code in the COUNTY column.
 - d. Print the initials of the staff or volunteer who issued the checks in the INITIALS column.
 - e. Print the name of the SFMNP participant to whom checks are issued in the PARTICIPANT NAME column.
 - f. The person receiving the checks (participant or proxy) **signs** their name in the PARTICIPANT SIGNATURE column.

Issuing at Markets

LAs may issue S/FMNP checks at local farmers’ markets during market hours. This allows participants to use checks immediately. Staff must seek approval from the Market Master and make arrangements prior to announcing or advertising an issuance event.

Items to consider:

- How much space does the LA need?
- Is appropriate space available?
- Where is the space located?
- Is the space covered? If not, does the LA have a canopy?
- Is space donated or is there a fee?
- Who provides a table?
- Is electricity available, if needed?
- Is Wi-Fi available, if needed?

Re-issuing Returned Checks

On occasion, a participant may choose to return checks. No change can be made to data already entered by the banking partner. LAs may re-issue checks following the procedure below.

1. Make a copy of the register page that lists the check set to re-issue.
2. On the COPY, white out the distribution information and fill in the new participant’s information.

3. Document the situation (who, what, when, where, why).
4. Attach the documentation and the copy with the new information to the carbon copy of the original register page.
5. Maintain on file for three years plus the current year.

Do not send the update to the banking partner.

Register Pages

Check registers are two-part carbonless forms. See Exhibit M. When a register page is full,

- Mail the original to the banking partner, for data entry into the system. Send all FULL register pages **no less than weekly**.

Mail completed register pages to:

DXC

13401 W. 98th Street

Lenexa, KS 66215

- Retain the copy in LA records for four years.

Mail all remaining full or partial register pages to the banking partner no later than one week after September 30.

End of Season

After all checks are issued OR the last date to issue has passed:

1. Remaining check registers with issuance:
 - a. Write the word "VOID" on all unused lines of the register page/s.
 - b. Send original to banking partner no later than one week after end of issuance.
 - c. Retain carbonless copy in agency record for four years.
2. Unused checks and check registers with no issuance:
 - a. Record register page numbers and associated check numbers.
 - b. Shred empty register pages and unused checks.
 - d. Send email to the State FMNP Coordinator with the following information:
 - i. Check number/s of those destroyed.
 - ii. Register page number/s.
 - iii. Destruction date/s.
 - iv. Verification of destructions (a written statement that the checks were shredded).
3. Allocation spreadsheet ("the Tracker"):
 - a. Send the completed spreadsheet as an email attachment to the State FMNP Coordinator. See Exhibit K.

Corrective Action Process

Data entered on register pages must be correct, complete, and legible. If any data item is illegible, missing, or unable to be determined, the entire page cannot be keyed and enters a corrective action process. If a page is not keyed, ISDH has no access to nor detailed information on checks issued for that page and cannot provide accurate analyses to management or local agencies.

At the end of each week of program operation, ISDH receives an email message from the banking partner regarding any register pages received that week that were unable to be keyed. The email message contains a scanned image of each register page and a spreadsheet detailing defects.

ISDH S/FMNP Coordinator researches each defect and enters corrections onto the scanned image.

Once all defects are cured on a page, ISDH S/FMNP Coordinator sends the correct page, via email, to the banking partner for data entry.

Lost / Stolen Checks

When a client reports checks lost or stolen, the LA will determine the check numbers or check ranges affected. The LA will send the information to State FMNP staff via email, with the subject line "Void Request". State FMNP staff will maintain the statewide record, retain the record for four years, and will instruct the banking partner to void the checks.

PARTICIPANT INSTRUCTION

Participants must be instructed on all items in this section.

Authorized vendor sign: Authorized growers should display the "WIC & Senior Farmers' Market Checks Accepted Here" sign each day they sell at a market or farm stand. LAs should notify the State office of any reports or complaints regarding growers and markets. See Exhibit B.

Signing checks: Each participant or their proxy must sign the S/FMNP check at the time of produce purchase. The participant or proxy must provide ID if the farmer requests it.

Valid dates for checks: Checks may not be used before the "First Day to Use" listed on the face of the check. Checks may not be used after the "Last Day to Use" listed on the face of the check.

How to spend the entire dollar amount: Participants may spend a check and also use cash in the same transaction. Many farmers will assist participants by explaining the benefits, uses, and preparation of the produce they have for sale. However, participants should be instructed on how to calculate costs, what produce is in season at various times, and what produce best satisfies the specific nutritional needs of the household.

Where to find participating farmers: Provide participants with a list of authorized markets and stands within their geographical area.

Not receiving change or refunds: Farmers may not give change or refunds for S/FMNP purchases.

Tax: No tax may be charged on S/FMNP purchases.

Eligible foods: Explain to participants what they can and cannot buy at the market or stand. See Exhibit C.

Lost/stolen/damaged check policy: S/FMNP checks that are reported lost, stolen, or damaged are not replaced.

Participant abuse policy: Participants of WIC FMNP are subject to the same WIC policy and sanctions as for other WIC benefits. Clinic staff may reiterate the policy at FMNP check issuance. The requirement is satisfied, in part, by the “Certification by Participant” section of the SFMNP application. LA staff will also advise participants that violating program rules is prohibited and may result in barring from the program, repayment of benefits, and/or legal action.

Participant rights: Participants have the right to lodge a complaint about improper farmer/farmers’ market practices with regard to S/FMNP responsibilities. Anyone who has a complaint regarding any aspect of the S/FMNP may contact ISDH at 1-800-522-0874. Participants must be advised of their civil rights and the manner in which they may file such complaint. Refer to the Civil Rights section of this manual for the USDA civil rights statement.

Nutrition education: Participants must receive S/FMNP-specific nutrition education that emphasizes the nutritional and health benefits of fresh produce. LAs have great latitude in choosing materials and methods that are most appropriate for the service area demographics. Staff should discuss the various types of produce available within the geographic location, methods to prepare and use them, and provide suggestions on how

to include more fresh produce in the household's diet. Some suggested resources for nutrition education are:

- How to preserve produce (canning and freezing)
- SNAP information
- MyPlate
- EatRight.org (national nutrition month section)
- Purdue Extension staff

7 CFR 248.10(i)

7 CFR 249.10(i)

7 CFR 248.7

7 CFR 249.7

LOCAL AGENCY MONITORING

ISDH performs both covert, unannounced reviews and formal, scheduled reviews. The purpose of monitoring reviews is to evaluate program operations, record keeping procedures and compliance with federal regulations and the State Plan and Manual. Covert monitoring reviews occur unannounced and observe, evaluate, and record check issuance and nutrition education activities.

ISDH monitors a minimum fifty percent (50%) of local agencies starting June 1st and completed by September 30th each fiscal year. Each LA is monitored no less than every two (2) years.

7 CFR 248.17(c)

7 CFR 249.17(c)

ISDH and all LAs must maintain documentation of reviews, outcomes, timelines, and resolutions for three years plus the current federal fiscal year.

The Review

ISDH may schedule and perform unannounced review of local agency staff to observe, record and evaluate issuance and education activities, formal onsite review and/or desktop review.

Reviews are documented on Exhibit N or Exhibit O and include all aspects of program compliance. Onsite monitoring of check distribution may occur unannounced. Any findings are considered during biennial review evaluation.

Reviews encompass all areas of compliance to the State Plan and the Manual.

Results

Upon review completion, ISDH documents and findings and corrective actions on an Indicator Sheet. ISDH sends a copy of the Indicator Sheet to the LA. The local agency must complete all corrective actions, enter responses in designated areas of the

Indicator Sheet, and return the completed Indicator Sheet to ISDH within thirty (30) calendar days of the date of notification. Electronic communication is preferred. See Exhibit P.

Closeout

Once corrective actions, if any, are completed and accepted by ISDH, ISDH revises the Indicator Sheet to reflect that all corrective actions are complete. ISDH sends a copy of the final Indicator Sheet to the LA via electronic mail, for their record.

Section 8 NONDISCRIMINATION and CIVIL RIGHTS

Anyone involved in federally funded programs may not discriminate on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Indiana law also provides protection from discrimination on the basis of religion.

FEDERAL

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

7 CFR 248.7

7 CFR 249.7

Indiana

Indiana state statute protects individuals from discrimination on the basis of race, religion, color, sex, disability, national origin or ancestry in the areas of education, employment, access to public conveniences and accommodations, and acquisition through purchase or rental of real property.

"Public accommodation" means any establishment that caters or offers its services or facilities or goods to the general public.

IC 22-9-1-2

Those who believe they have been a victim of discrimination on the basis of religion may file a complaint in the following ways:

Call 1-800-628-2909

Electronically at <https://secure.in.gov/apps/icrc/discrimination>

In writing by mail to

Indiana Civil Rights Commission
Indiana Government Center N-103
100 North Senate Avenue
Indianapolis, IN 46204

Section 9 EXHIBITS

Exhibit A	Training Certification nonState
Exhibit B	Authorized Vendor Sign
Exhibit C	Produce List
Exhibit D	Example Checks
Exhibit E	Market Stand Monitoring Report
Exhibit F	Vendor Observations
Exhibit G	Corrective Action Report
Exhibit H	Notice of Adverse Actions
Exhibit I	SFMNP Application
Exhibit J	SFMNP Notice of Ineligibility
Exhibit K	Example Trackers
Exhibit L	WFM-F1
Exhibit M	Example Registers
Exhibit N	WIC LA Monitoring Form
Exhibit O	SR LA Monitoring Form
Exhibit P	Indicator Sheet

Training Certification, non-State

Name of grower: _____

Address: _____

Phone #: _____ Stamp #: _____

Name of farm: _____

Growing location/s: _____

I understand and agree to comply with the following rules:

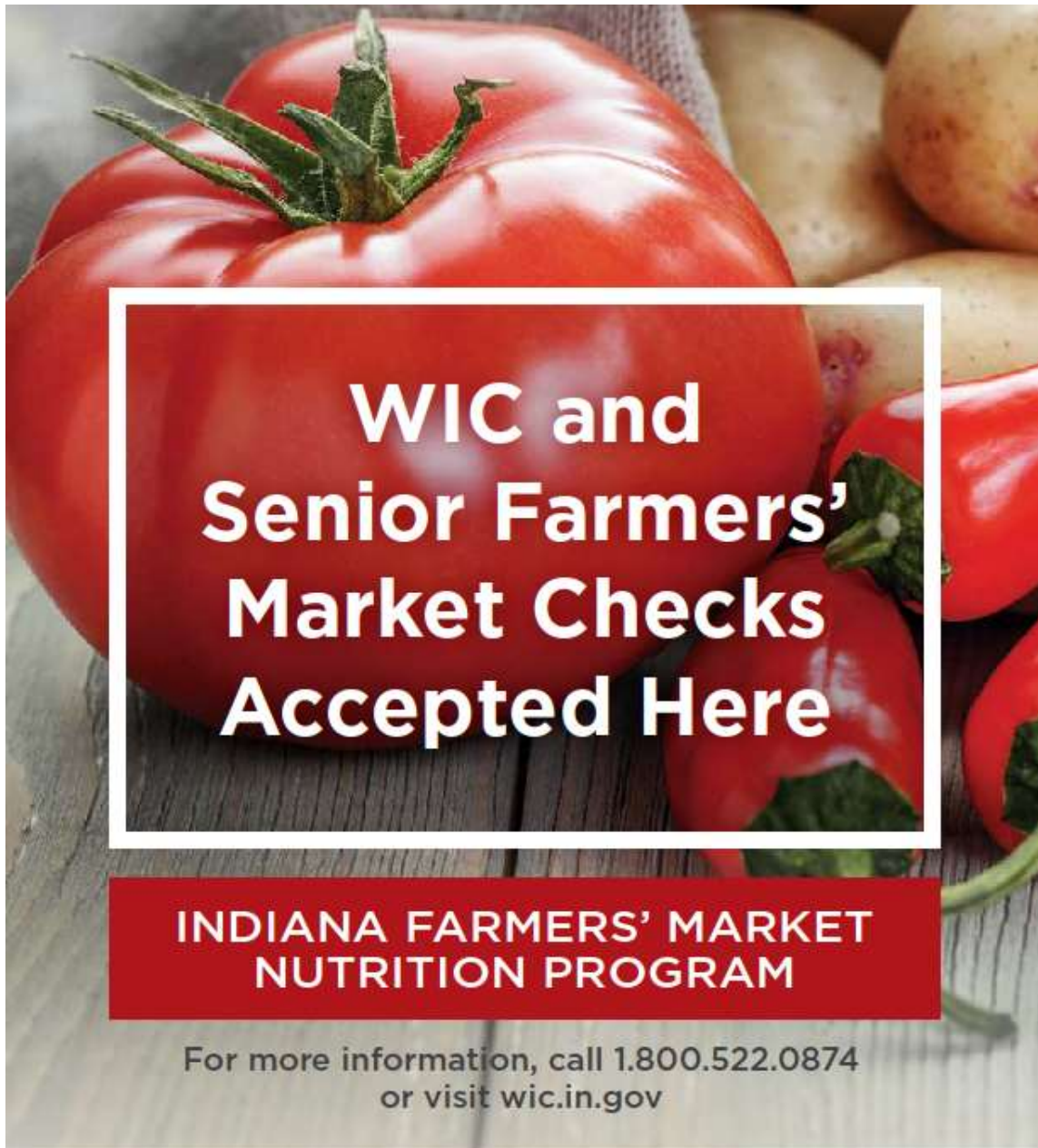
1. Display the authorized vendor sign at all times. "WIC & Senior Farmers' Market Checks Accepted Here".
2. Accept S/FMNP checks only between "first date to use" and "last date to use" printed on the checks.
3. Stamp the lower right front of each check with the provided 4-digit vendor stamp.
4. Endorse (sign) the back of the check prior to depositing.
5. Deposit checks no later than November 7.
6. Sell only eligible foods to S/FMNP participants (fresh, locally grown, unprocessed fruits, vegetables, and edible herbs). No honey.
7. No cash, change, or refunds allowed on S/FMNP purchases.
8. Notify ISDH FMNP Coordinator of any changes.
9. Ensure participants sign checks at the market/stand.

Authorized Trainer Signature

Grower Signature

Date Signed

Date Signed



**WIC and
Senior Farmers'
Market Checks
Accepted Here**

**INDIANA FARMERS' MARKET
NUTRITION PROGRAM**

For more information, call 1.800.522.0874
or visit wic.in.gov

This institution is an equal
opportunity provider.



PRODUCE LIST

Check each item you plan to grow and sell
Return with your completed application

Fresh Vegetables

- | | |
|--|--|
| <input type="checkbox"/> asparagus | <input type="checkbox"/> onions |
| <input type="checkbox"/> beans (pole or bush) | <input type="checkbox"/> parsnips |
| <input type="checkbox"/> beets | <input type="checkbox"/> peas |
| <input type="checkbox"/> bok choy | <input type="checkbox"/> peppers (any variety) |
| <input type="checkbox"/> broccoli | <input type="checkbox"/> potatoes |
| <input type="checkbox"/> brussels sprouts | <input type="checkbox"/> pumpkin (edible) |
| <input type="checkbox"/> cabbage | <input type="checkbox"/> radishes |
| <input type="checkbox"/> carrots | <input type="checkbox"/> rhubarb |
| <input type="checkbox"/> cauliflower | <input type="checkbox"/> rutabagas |
| <input type="checkbox"/> corn | <input type="checkbox"/> scallions |
| <input type="checkbox"/> cucumbers | <input type="checkbox"/> soybeans (edible) |
| <input type="checkbox"/> eggplant | <input type="checkbox"/> spinach |
| <input type="checkbox"/> garlic | <input type="checkbox"/> sprouts |
| <input type="checkbox"/> greens (any variety) | <input type="checkbox"/> squash (any variety) |
| <input type="checkbox"/> herbs (cut/edible) | <input type="checkbox"/> squash blossoms |
| <input type="checkbox"/> kohlrabi | <input type="checkbox"/> sweet potatoes / yams |
| <input type="checkbox"/> leeks | <input type="checkbox"/> tomatillos |
| <input type="checkbox"/> lettuce (any variety) | <input type="checkbox"/> tomatoes |
| <input type="checkbox"/> lima beans | <input type="checkbox"/> turnips |
| <input type="checkbox"/> mushrooms | <input type="checkbox"/> watercress |
| <input type="checkbox"/> okra | <input type="checkbox"/> zucchini |

Fresh Fruits

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> apples | <input type="checkbox"/> huckleberries |
| <input type="checkbox"/> apricots | <input type="checkbox"/> melons |
| <input type="checkbox"/> blackberries | <input type="checkbox"/> nectarines |
| <input type="checkbox"/> blueberries | <input type="checkbox"/> peaches |
| <input type="checkbox"/> cantaloupe | <input type="checkbox"/> pears |
| <input type="checkbox"/> cherries | <input type="checkbox"/> persimmons |
| <input type="checkbox"/> currants | <input type="checkbox"/> plums |
| <input type="checkbox"/> elderberries | <input type="checkbox"/> raspberries |
| <input type="checkbox"/> gooseberries | <input type="checkbox"/> strawberries |
| <input type="checkbox"/> grapes | <input type="checkbox"/> watermelon |
| <input type="checkbox"/> honeydew | |

Indiana State Department of Health WIC Farmers' Market Nutrition Program		United Community Bank Marietta, GA	04-1988 811	<i>Consecutive Numbering</i> 10188600
Accepted and Redeemable ONLY by authorized farmers' market vendors				
PAY TO THE ORDER OF INDIANA FARMERS' MARKET NUTRITION PROGRAM VENDOR				\$ 8
EIGHT DOLLARS AND NO/100ths				NO CHANGE PERMITTED
NO CHANGE SIN CAMBIO		<i>Prints Black</i> <i>\$ 182 Pink</i> <i>All Parts</i>		AUTHORIZED PROGRAM VENDOR NUMBER:
Use only for fresh fruits and vegetables. Usar sólo para las frutas y hortalizas frescas.				
First Day To Use June 12, 2017	Last Day To Use October 21, 2017	CUSTOMER SIGNATURE		VENDOR NUMBER MUST BE ENTERED ABOVE
10188600 061119684 2072103761 <i>Consecutive Mark</i>				

*Backer Prints Black,
Head to Left,
All Parts*

Deposit by November 23, 2017 / Endorse Check here

Indiana State Department of Health Senior Farmers' Market Nutrition Program		United Community Bank Marietta, GA	SA-1568 811	<i>Consecutive Numbering</i> 90653200
Accepted and Redeemable ONLY by authorized farmers' market vendors				
PAY TO THE ORDER OF INDIANA FARMERS' MARKET NUTRITION PROGRAM VENDOR				\$ 5
FIVE DOLLARS AND NO/100ths-----				NO CHANGE PERMITTED
NO CHANGE SIN CAMBIO		<i>Prints Black</i> <i>\$ 150 Orange</i> <i>All Parts</i>		AUTHORIZED PROGRAM VENDOR NUMBER:
Use only for fresh fruits and vegetables. Usar sólo para las frutas y hortalizas frescas.		CUSTOMER SIGNATURE		VENDOR NUMBER MUST BE ENTERED ABOVE
First Day To Use June 12, 2017	Last Day To Use October 21, 2017			
90653200# 061119684 2503217# <i>Consecutive Mark</i>				

*Backer Prints Black,
Head to Left,
All Parts*

Deposit by November 23, 2017 / Endorse Check here



Farmers' Market Nutrition Program (FMNP)
Senior Farmers' Market Nutrition Program (SFMNP)
Authorized Farmers' Market / Farm Stand Monitoring Report

County: _____ Date of Visit: _____ Market _____ Stand _____

Market / Stand Name: _____

Address / Location: _____

City / Zip: _____

Market Master / Stand Owner Name: _____

If market, is Market Master present? Yes _____ No _____ (if yes, answer questions below)

	Yes	No
1. Does the Market Master have vendor applications on hand?		
2. Are the applications CURRENT?		
3. Does the Market Master have FMNP Handbooks on hand?		
4. Is the Handbook CURRENT?		
5. Does the Market Master monitoring for illegal/ineligible produce?		
6. Does the Market Master monitoring farmers' growing locations?		
7. Are there at least 2 authorized vendors registered for the season?		
8. Did the Market Master hold a documented FMNP training session for farmers?		
9. Does the Market Master know how to properly handle civil rights complaints?		
10. Does the market /stand have a WIC sign?		

Reviewer Statement: Does the market appear to be in compliance with FMNP requirements?

NOTES:

Reviewer: _____

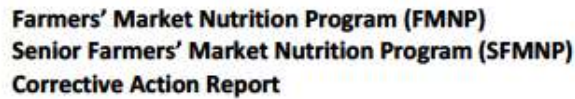
S:\WIC\TEFAP_CSFP_FMNPs\FORMS\Monitoring Forms\2017\FMNPs\FMNP Market Stand Monitoring Report Form 2017

Revised 06/27/2017

Vendor Observations

Vendor name & number					
1. WIC sign posted.					
2. Vendor # sticker visible on sign.					
3. Prices marked.					
4. Eligible items identified or separated from ineligible.					
5. Attendant present.					
6. a. WIC / Seniors transactions observed.					
b. Price was less than or the same as charged to other customers .					
c. FMNP participant's signature obtained at time of transaction.					
d. The farmer followed regulations for no tax, change or refunds.					
e. Participants showed ID.					
f. Participants selected the correct foods.					
7. The farmer know they can accept both WIC & Seniors checks.					
Approximate number of produce selections:					
The vendor appears to be in compliance with FMNP requirements.					

Reviewer: _____ Date: _____



If the market, stand or vendor is not in compliance, the reviewer shall complete the section below.

Type of Notice	
<input type="checkbox"/> Warning	<input type="checkbox"/> Citation
<input type="checkbox"/> Suspension (15 days)	See enclosed Notice of Disqualification Suspension or Non-approval
<input type="checkbox"/> Disqualification	See enclosed Notice of Disqualification Suspension or Non-approval

Activity Timeline	Date
Sent report and notice of deficiency to entity	

Revised 10/17/2018

**Indiana Farmers' Market Nutrition Program (FMNP/SFMNP)
Notice of Disqualification, Suspension, or Non-approval**

To: _____ **Date:** _____

☐ Vendor ☐ Market ☐ Farm stand

Notice type:

- ☐ Suspension (15 days)
- ☐ Non-approval
- ☐ Disqualification (**You must return your vendor stamp and sign/s within 15 days**)
Mail to: FMNP Coordinator, Indiana WIC Program, 2 North Meridian Street, 5th Floor,
Indianapolis, IN 46204

Non-approval reason(s):

- ☐ Resides outside the geographic area defined for "locally grown".
- ☐ Does not grow at least 51% of the produce sold.
- ☐ Has not read and agreed to follow the guidelines of the FMNP Handbook.
- ☐ Does not list any WIC-approved markets or farm stands as selling locations.

Class III violation(s):

- ☐ Failure to permit or comply with procedures regarding inspection of evidence when local production is in question.
- ☐ Accepting FMNP checks for non-locally grown fruits and/or vegetables or other ineligible items.
- ☐ Cashing FMNP Checks for a non-authorized vendor.
- ☐ Charging WIC participants more than the posted price for any item charging for items not received or participating in other discriminatory practices.
- ☐ Continued participation in the FMNP during a period of suspension, including acceptance or evidence of intent to accept FMNP checks.
- ☐ Physical abuse of participants, family, WIC Staff or FMNP representative(s).
- ☐ Two Class II violations.

Suspensions are in force for a maximum of 15 days to ensure the vendor has adequate time to appeal. During the suspension period, the cited vendor will refrain from participating in the FMNP including at other markets within the state.

Disqualification for the remainder of the current season and the following full season shall follow the suspension period if a Class III violation is substantiated.

See reverse side for Appeal Procedure and Civil Rights >>>>

Notice of Disqualification, Suspension, or Non-approval [Revised 03/06/2018 format only]

Rights and Appeal Procedure

The WIC FMNP program provides vendors/farmers and Market Masters certain rights, which include:

1. The right to voluntarily withdraw from the FMNP Program at any time except if it is to avoid disqualification resulting from violations of the Sanction Schedule.
2. The right to file a complaint against a WIC or Senior participant or another authorized vendor/farmer.
3. The right to receive advance notice of a suspension, termination, or non-approval.
4. The right to request a hearing on an adverse action allowable under CFR 246.18.
5. The right to be represented by counsel.

A written request for appeal must be sent to the WIC Director, Indiana State Department of Health, 2 North Meridian St., Section 8E, Indianapolis, IN 4204 within **15 days** of your receipt of a notice of disqualification, suspension, or non-approval. Hearings will take place in Indianapolis before an Administrative Law Judge. Hearings will be conducted in an informal manner during which the vendor/farmer and the FMNP program are allowed to present their cases. The Administrative Law Judge's decision will be based on the oral and documentary evidence presented and the statutory and regulatory provisions governing the WIC FMNP Program.

Questions may be directed to:

State WIC office at 1-800-522-0874, or by writing to: Indiana WIC Program, 2 North Meridian Street, 5th Floor, Indianapolis, IN 46204

Civil Rights

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Notice of Disqualification, Suspension, or Non-approval [Revised 03/06/2018 format only]

**APPLICATION - SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)**State Form 53250 (RS / 1-16)
Indiana State Department of Health

- INSTRUCTIONS:** 1. Fill out all blocks. This application will be returned to you without processing if any information is missing. If an item does not apply, put "NA" in that block.
2. Type or clearly print all information. Complete both sides of this form.

The collection of gender, race, and ethnicity is requested solely for the purpose of determining the state agency's compliance with Federal civil rights laws, and ensures that the program is administered in a non-discriminatory manner. Your responses to these questions will not affect consideration of your application. If you choose not to self-identify gender, race, and ethnicity, then the person taking the application must record the participant's race and ethnicity based on visual observation. (7 CFR 249.7(a)(vi))

County _____ Date of Application: ____/____/____
mm/dd/yyyy**PARTICIPANT INFORMATION**

First Name: _____ Last Name: _____

Address: _____
Street City State/ZIP code Telephone NumberDate of Birth: ____/____/____ Number in Household: _____ Gender: ☐ M ☐ F
mm/dd/yyyy**ETHNICITY CATEGORY**

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

RACE CATEGORY (select one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Multi-Racial (Please specify above.)

To be eligible to receive Senior Farmers' Market Nutrition Program (SFMNP) checks, you must be at least sixty (60) years of age (or a person with disabilities, under age sixty (60), currently living in a housing facility occupied primarily by older persons where congregate nutrition services are provided); meet the income guidelines, which are based on 185% of the Federal Poverty Income Guidelines; and live in the county where the checks are being issued.

CURRENT PARTICIPANT Are you a current participant of the following?

- ☐ SNAP (Food Stamps)
☐ TANF
☐ CFSP
☐ Member of a WIC Household

Monthly Income: _____ Income eligible for the above programs? ☐ Yes ☐ NoIs applicant eligible for SFMNP? ☐ Yes ☐ No Given SFMNP Checks? ☐ Yes ☐ NoIssued SFMNP Check numbers: ☐ Yes, numbers _____ through _____☐ No, denial provided to client: Date: ____/____/____
mm/dd/yyyy

PROXY

A proxy is a person only authorized to receive and/or redeem SFMNP checks. A proxy should be at least eighteen (18) years of age and dependable for the duration of the program months of operation. In order for the checks to be issued to a proxy, the proxy must present identification as well as written approval from the participant. Proxies must sign the check register to receive checks. Proxies have the same obligations to follow program guidelines when purchasing fruits and vegetables from an authorized farmer.

I, _____ authorize the following individual(s) to act as my proxy.
Participant signature

Assigned proxies:

Proxy 1: _____
Last Name First Name

Proxy 2: _____
Last Name First Name

☐ Check here if no proxy was assigned.

CERTIFICATION BY PARTICIPANT

I have been advised of my rights and obligations for use of SFMNP Checks. I certify that the information I have provided for my eligibility is correct to the best of my knowledge. I am aware that I cannot receive Farmers' Market benefits from more than one state or more than one local agency. This application is being submitted in connection with the receipt of Federal Assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the state agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under state and Federal law.

Standards for eligibility and participation in the Indiana SFMNP program are the same for everyone, regardless of race, color, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP program.

I certify that I meet the household size and income guidelines provided by the state and that I am eligible to receive SFMNP benefits.

Signature of Participant

Date: ____/____/____
mm/dd/yyyy

Signature of Staff/Volunteer

Date: ____/____/____
mm/dd/yyyy

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027)

found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call

(866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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NOTIFICATION OF INELIGIBILITY - SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)

State Form 53251 (R4 / 1-15)
Indiana State Department of Health

Date of Application: / /
mm/dd/yyyy

Today's Date: / /
mm/dd/yyyy

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Dear Applicant:

Your application for the SFMNP Program was denied for the following reasons:

- ☐ You are not enrolled in an Area Agency or Agency.
- ☐ You are not a resident of Indiana.
- ☐ You are not over age sixty (60) years old or a qualified disabled person.
- ☐ You do not meet income guidelines.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. (7 CFR 249.6(a))

Signature of Applicant

Date: / /
mm/dd/yyyy

Signature of Staff/Volunteer

Date: / /
mm/dd/yyyy

To appeal, call _____ or contact the Indiana State Department of Health SFMNP Coordinator at 1-800-522-0874.

This program is administered by the Indiana State Department of Health – Women, Infants, and Children (WIC) Division; 2 N. Meridian Street, Indianapolis, IN 46204.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (888) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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SFMNP 2019 Tracker

Page	Check Range	County	Site	Staff/Volunteer Name	Date Out	Date Returned	Date Mailed
1	11111111 - 11111190						
2	11111191 - 11111270						
3	11111271 - 11111350						
4	11111351 - 11111430						
5	11111431 - 11111510						
6	11111511 - 11111590						
7	11111591 - 11111670						
8	11111671 - 11111750						
9	11111751 - 11111830						
10	11111831 - 11111910						
11	11111911 - 11111990						
12	11111991 - 11112070						
13	11112071 - 11112150						
14	11112151 - 11112230						
15	11112231 - 11112310						
16	11112311 - 11112390						
17	11112391 - 11112470						
18	11112471 - 11112550						

WIC FMNP TRACKER 2019

Page	Check Range	County	Clinic	Staff Name	Date Out	Date Returned	Date Mailed
1	11111111 - 11111170						
2	11111171 - 11111230						
3	11111231 - 11111290						
4	11111291 - 11111350						
5	11111351 - 11111410						
6	11111411 - 11111470						
7	11111471 - 11111530						
8	11111531 - 11111590						
9	11111591 - 11111650						
10	11111651 - 11111710						
11	11111711 - 11111770						
12	11111771 - 11111830						
13	11111831 - 11111890						
14	11111891 - 11111950						
15	11111951 - 11112010						
16	11112011 - 11112070						
17	11112071 - 11112130						
18	11112131 - 11112190						

WFM-F1 Verification of Eligibility for Additional Check Set	
Local Agency	Clinic
Participant Name	Participant ID
Category	Household ID
Age	Date
Name of issuing staff	Was previous check set used? <input type="checkbox"/> Yes <input type="checkbox"/> No

REPORT: FMPRO20W

Indiana Senior Farmers Market
2019 Senior Farmers Market Check Register

DATE: 05/14/2019

TIME: 13: 40: 03

9000 Local Agency Name, Inc.

PAGE:

1

(PARTICIPANT NOT HOUSEHOLD)

CHECK NUMBER	ISSUED	ID NUMBER	COUNTY	INITIAL	PARTICIPANT NAME	PARTICIPANT SIGNATURE
90687760 - 90687763	/					
90687764 - 90687767	/					
90687768 - 90687771	/					
90687772 - 90687775	/					
90687776 - 90687779	/					
90687780 - 90687783	/					
90687784 - 90687787	/					
90687788 - 90687791	/					
90687792 - 90687795	/					
90687796 - 90687799	/					
90687800 - 90687803	/					
90687804 - 90687807	/					
90687808 - 90687811	/					
90687812 - 90687815	/					
90687816 - 90687819	/					
90687820 - 90687823	/					
90687824 - 90687827	/					
90687828 - 90687831	/					
90687832 - 90687835	/					
90687836 - 90687839	/					

REPORT: FMPRO20W

Indiana WIC Farmers Market
2019 Farmers Market Check Register

DATE: 05/14/2019
TIME: 13: 40: 03

00 Local Agency Name, Inc.

PAGE: 1

(PARTICIPANT NOT HOUSEHOLD)

CHECK NUMBER	ISSUED	ID NUMBER	CATEGORY	CLINIC	PARTICIPANT NAME	PARTICIPANT SIGNATURE
10000001 - 10000003	/		PG BF PP C I			
10000004 - 10000006	/					
10000007 - 10000009	/					
10000010 - 10000012	/					
10000013 - 10000015	/					
10000016 - 10000018	/					
10000019 - 10000021	/					
10000022 - 10000024	/					
10000025 - 10000027	/					
10000028 - 10000030	/					
10000031 - 10000033	/					
10000034 - 10000036	/					
10000037 - 10000039	/					
10000040 - 10000042	/					
10000043 - 10000045	/					
10000046 - 10000048	/					
10000049 - 10000051	/					
10000052 - 10000054	/					
10000055 - 10000057	/					
10000058 - 10000060	/					

EXAMPLE



Farmers' Market Nutrition Program (FMNP) WIC Clinic Monitoring Form

Date _____ Reviewer(s) _____

Local Agency _____

Person Interviewed _____ Number of Clinic Sites Participating _____

Counties Participating _____

I. General Compliance	Y	No(CA)	R
1. Are FMNP participants informed about their rights regarding a civil rights complaint?			
2. Is each participant receiving information on the locations, dates and times of the markets?			
3a. Is nutrition education related to the FMNP being provided to FMNP participants?			
3b. How is nutrition education provided? _____ ILAs _____ Group classes _____ Handouts _____ Other (explain)			
4. Does staff comply with written procedures in the FMNP operations manual?			
II. Check Issuance (review a sample of check registers)	Y	No(CA)	R
1. Are checks issued in sequential order?			
2. Are check registers properly completed?			
3. Are full register pages submitted to CSC no less than weekly?			
4. Were all register pages submitted by the final end-of-season date? EOS Date: _____			
5. Were all checks issued after the first valid date of issuance AND before the last valid date of issuance? First valid date: _____ Last valid date: _____			
6. How does the agency distribute checks? _____ Standard clinic visit _____ At the market _____ Vendor at the clinic _____ Other (explain)			
III. Is each WIC FMNP participant verbally instructed on the following elements:	Y	N(CA)	R
1. Authorized farmer's sign?			
2. Signing the checks at the market?			
3. Valid dates for the checks?			
4. How to spend the entire dollar amount?			
5. Not receiving change or refunds?			
6. Eligible foods (what they can and cannot buy at the market)?			
7. That lost/stolen/damaged FMNP checks will not be replaced?			
8. Participant abuse policy?			
9. Participant's right to complain about improper farmer/farmers' market practices with regard to FMNP responsibilities and the process for doing so?			
Reviewer questions, comments, findings and recommendations:	Element #		

CA: Corrective Action R: Recommendation



Senior Farmers' Market Nutrition Program (SFMNP) AAA Monitoring Form

Date _____ Reviewer(s) _____

Local Agency _____

Person Interviewed _____ Agency County _____

Counties Participating _____

General Compliance	Y	No(CA)	R
1. Does the agency comply with the certification process?			
1a. Are applicants notified of eligibility status within 15 days of application?			
1b. Are signed statements authorizing proxies attached to the application?			
1c. Does the agency have an "And Justice for All" poster displayed in plain view?			
2. Is the agency offering nutrition education to SFMNP participants (eligible produce, specific suggestions related to the nutrition needs of seniors)? How often? _____ What type? _____			
3. Is each participant receiving information on the locations, dates and times of the markets?			
4. Is the agency applying methods to prevent dual participation?			
5. Is the agency adequately keeping records?			
5a. Maintaining confidentiality?			
6. Does the agency display the And Justice For All poster at all distribution and certification sites?			
7. Does the agency submit reports to ISDH in a timely fashion?			
8. Does the agency retain SFMNP records for 3 years, plus current?			
Civil Rights	Y(CA)	No	R
1. Have there been any civil rights complaints?			
1a. If yes, how were they handled?			
Check Issuance and Management <i>(review a sample of check registers)</i>	Y	No(CA)	R
1. Are the SFMNP vouchers properly secured and stored at all times?			
2. Are checks issued in sequential order?			
3. Are check registers properly completed?			
4. Are full register pages submitted to CSC no less than weekly?			
5. Were all register pages submitted by the final end of season date? EOS Date: _____			
6. Were all checks issued after the first valid date of issuance AND before the last valid date of issuance? First valid date: _____ Last valid date: _____			
7. How does the agency distribute checks? _____ Standard AAA visit _____ At the market? _____ Vendor at agency _____ Meal sites _____ Other (explain)			
8. Are checks issued until all funds are exhausted?			
Is each SFMNP participant verbally instructed on the following elements:	Y	No(CA)	R
9. Authorized farmer's sign?			
10. Signing the checks at the market?			
11. Valid dates for the checks?			
12. How to spend the entire dollar amount?			
13. Not receiving change or refunds?			

**INDIANA S/FMNP
LOCAL AGENCY (LA)
MONITORING REVIEW INDICATOR SHEET**

Review Date:	Reviewer(s): Legita Wilson
Agency:	Program Coordinator:
Agency ID:	Closeout Date:

Functional Area	CA: Corrective Action, R: Recommendation
GENERAL COMPLIANCE REQUIREMENTS	Corrective Action #: LA Response:
PARTICIPANT ELIGIBILITY	Corrective Action #: LA Response:
ADMINISTRATION	Corrective Action #: LA Response:
CLIENT APPLICATION	Corrective Action #: LA Response:
CHECK MANAGEMENT	Corrective Action #: LA Response:
PARTICIPANT INSTRUCTION	Corrective Action #: LA Response:
NUTRITION EDUCATION	Corrective Action #: LA Response:
NONDISCRIMINATION AND CIVIL RIGHTS	Corrective Action #: LA Response: